Common Issues Regarding the

Notice of Funding Availability

"FY 2005 Real Choice Systems Change Grants"

Offered By The:

Centers for Medicare & Medicaid Services

CFDA 93.779

May 6, 2005

Applicants Teleconference
Tuesday, May 24, 2005
3:00 – 5:00 p.m. (EDT)
Toll-free telephone number: 1-800-857-3793
Pass-code to enter teleconference: "Grants"

PART ONE: QUESTIONS CONCERNING PROVISIONS THAT APPLY TO ALL REAL CHOICE SYSTEMS CHANGE GRANTS

1. What is the purpose of the Real Choice Systems Change grants?

The Real Choice Systems Change grants are intended to foster systems changes to enable children and adults of all ages who have a disability or long-term illness to:

a) Live in the most integrated community setting appropriate to their individual support requirements and preferences;
b) Exercise meaningful choices about their living environment, the providers of services they receive, the types of supports they use and the manner by which services are provided; and
c) Obtain quality services in a manner as consistent as possible with their community living preferences and priorities.

The emphasis of these grants is on the infrastructure that leads to enduring systems change. Provision of direct services is not the primary purpose of these grants.

In FYs 2001-2004 Congress appropriated funds for the "Systems Change Grants." The role of CMS has been to implement the grants and appropriate the funding to states and other applicable organizations.

To date, the Centers for Medicare & Medicaid Services has provided $188 million to help 50 states, the District of Columbia, and two Territories design and implement enduring improvements in community long-term support programs. With this support, states are continuing to address issues such as personal assistance services, direct service worker shortages, transitions from institutions to the community, quality monitoring systems for home and community based services, and coordination of housing with services.

2. What are the grant opportunities that are part of the FY 2005 notice of funding availability?

Two grant opportunities are the subject of this invitation to apply; they are:

1. Systems Transformation Grant
2. Family-to-Family Health Care Information and Education Centers Grant

Please note that a third RCSC grant category, Aging and Disability Resource Centers Grant, is being offered under a separate Federal grant solicitation, which is administered by the Administration on Aging in partnership with CMS (CFDA numbers 93.048 and 93.779, respectively). Using either agency's CFDA number will allow access to the solicitation and the necessary forms on www.grants.gov. More information on the ADRC solicitation can be located at www.AoA.gov and http://www.cms.hhs.gov/newfreedom/.

3. How are the FY 2005 Real Choice Systems Change grants different from those offered before?

The 2005 RCSC funding opportunity, in general, represents a more comprehensive and coordinated approach to promoting systems change within states. While there are fewer grant **categories** than in previous years, the overall funding level is similar to the 2004 levels.

Specifically, the Family-to-Family Health Care Information and Education Centers grant program was offered in the fiscal years 2003, 2004 and is offered again in 2005. Similarly, the Aging and Disability Resource Center grant (2003-2004), is offered via a separate solicitation administered through a CMS partnership with the Administration on Aging. The Systems Transformation Grant program, the third offering, is a new category and is the largest funded category.

4. How did CMS decide on the grant categories for FY2005?

In planning for the FY05 RCSC solicitation, CMS considered the findings to date from the current RCSC program, from other research efforts, as well the feedback from Federal and State agencies, external policy experts, advocacy organizations and other external stakeholders. While

there was some variance in comments, there was a strong consensus that the program this year should emphasize greater comprehensive system reform with a focus on system coordination and integration, as well as an increase in grant funding levels in order to develop this broader systems change effort. It was felt that this direction would build upon the previous four years of grant funding that targeted specific areas for reform. Because of this emphasis on broader reform and greater system integration, the Systems Transformation Grants program, is being offered this year.

5. **What is the funding level for the 2005 grants**?

Congress authorized approximately $39 million for the FY2005 RCSC program. Approximately $35 million dollars will be directly awarded to states. The remaining funds will be used to support the 2005 grant activities, such as contracting for a national evaluation, maintenance of a reporting system, and technical support to CMS.

6. What are the amounts of funding available for each grant opportunity?

The Systems Transformation Grants funding category will award 8-10 grants, with an individual award that will range from $1.5-3.5 million. The Family-to-Family Health Care Information and Education Centers Grants will award up ten grants; the maximum award for each grantee is $165,000.

7. Who may apply?

State health and human service agencies and state instrumentalities are eligible to apply for the Systems Transformation Grants. State health and human service agencies typically include the State Medicaid Agency/Single State Medicaid Agency, the State Mental Health Agency, and the State Mental Retardation and Developmental Disability Agencies. State instrumentalities are defined by state law. Nonprofit organizations in states that have not previously received funding for the Family Health Care Information and Education Center Grants may apply for the 2005 Family to Family grant. (See question 5 under the “Family-to-Family” grant section for the list of previously awarded states).

8. Will every state receive Real Choice Systems Change funding?

No. We strongly encourage all appropriate entities to apply for this grant program. However, because of the competitive grant award process, we cannot guarantee that each state will receive funding.

9. When are grant applications due?

The solicitation package states that all grant applications are due by July 7, 2005. **CMS strongly encourages applicants to submit applications electronically through www.grants.gov**.

Electronically and mailed applications must be submitted and/or postmarked, by 11:59PM on July 7, 2005.

10. When will grant awards be made?

All grant awards will be made on or before September 30, 2005.

11. What is the budget period for the Real Choice Systems Change Grants?

The Systems Transformation Grantees may expend grant funds over a 60-month period from the date of award. The Family Health Care Information and Education Center Grants' budget is to be expended over 36-months from the date of award.

12. Will there be an Applicants' Teleconference?

Yes, the teleconference will occur on Tuesday, May 24, 2005 from 3-5pm (Eastern Daylight Savings Time). To access the teleconference, please call 1-800-857-3793, and use the word "grants" as your pass-code. It is not necessary to pre-register for the teleconference.

13. Do any of the grant applications have to be submitted through the states' "Single Point of Contact" or SPOC?

No. Executive Order (E.O.) 12372, "Intergovernmental Review of Federal Programs," does not apply to these grants.

14. Does an applicant/state have to make a financial contribution to the grant?

Grantees are required to make a non-financial contribution of five (5) percent of the total grant award (including all direct and indirect costs). Non-financial contributions may include the value of goods and/or services contributed by the grantee (e.g., salary and fringe benefits of staff devoting a percentage of their time to the grant not otherwise included in the budget or derived from Federal funds). The non-financial contribution requirement may also be satisfied if a third party participating in the grant makes an "in-kind contribution," provided that the grantee's contribution and/or the third-party in-kind contribution total five (5) percent of the total grant award (including all direct and indirect costs).

15. How will "overhead expenses" or "indirect costs" be paid?

Reimbursement of indirect costs under this grant opportunity is governed by the provisions of OMB Circular A-87. A copy of OMB Circular A-87 is available online at: http://www.whitehouse.gov/omb/circulars/a087/a087.html. Additional information regarding the Department's internal policies for indirect rates is available online at http://www.hhs.gov/grantsnet/adminis/gpd/gpd301.htm.

16. Can grants funds be used to provide direct services?

Systems Change grants are intended to fund infrastructure development, rather than fund direct services and supports. However, the Systems Transformation Grants will allow up to 15% of the total grant award to be used for provision of direct services to individuals with disabilities or long term illnesses. The Family-to-Family Health Care Information and Education Centers Grants **do not** permit any grant funds to be used to provide direct services.

17. How are "direct services" defined?

Direct services are defined as those services that support the involvement of participants and family members in grant activities (e.g., transportation, translation, personal care assistance, and respite to allow family caregivers to participate).

18. Can we subcontract some or all grant activities?

The grantees, not CMS, must decide if it is in their best interest to subcontract some or all grant activities. However, it is very important that the grantees realize that the administrative responsibility and oversight of all grant activities remains with the grantee. In addition, it is important for a state to maintain sufficient internal staff capacity to learn from the pilot implementation stages and plan for broader systems application.

19. Who will review the grant applications?

The review panels will consist of a geographically diverse group comprised of Federal employees, consumers, family members of consumers, and individuals, from the community, with specialized expertise in developing long-term services and support systems.

20. How can consumers and other stakeholders be involved in these grant projects?

Individuals with a disability and other stakeholders should have continuous, active involvement in the project's design, implementation, and evaluation. Opportunities for involvement can include membership in the project's consumer task force, or as a project staff member. Additionally, partner agencies and advocacy groups may be actively involved in the planning and implementation of the projects. For more detailed information regarding the requirements for consumers and other stakeholders, please reference page 18, Stakeholder Support and Mediation, and page 64, Increased Choice and Control: Development/Enhancement of Self-Directed Service System, of the solicitation.

21. Can funding be used to defray expenses of consumers and others?

States are encouraged to involve consumers and other stakeholders in the development and implementation of a grant through the use of advisory groups, planning and monitoring committees, and focus groups.

Grant funds may be used to support the involvement of consumers and other stakeholders who are not state employees. Costs that may be covered include travel, lodging, meals, special accommodations and fees.

22. How can I ask further questions about the Notice of Funding Availability?

Please send questions to the CMS RCSC e-mail address at: RealChoiceFY05@cms.hhs.gov**.**

23. How can I ask further questions about the application forms and related material?

Questions regarding application forms and related materials may be directed to:

Real Choice Systems Change Grants
Attn: Nicole Nicholson
Centers for Medicare & Medicaid Services
OICS, AGG, Grants Management Staff
Mail Stop: C2-21-15
7500 Security Boulevard
Baltimore, Maryland 21244-1850
(410) 786-5158
E-mail: Nicole.Nicholson@cms.hhs.gov

24. Is a "Notice of Intent to Apply" required?

No. However, we appreciate receiving a Notice of Intent to Apply from each applicant because the notices will help CMS to adequately plan and populate the review panels. Submitting a Notice of Intent to Apply is completely voluntary and does not bind the state or organization to apply. For a copy of the Notice of Intent to Apply, please see Attachment 1 of the solicitation package.

25. Can a Notice of Intent to Apply be submitted after the due date listed in the solicitation?

Yes. Any Notices of Intent to Apply received before July 7, 2005 would be appreciated. They help us plan our review panels and provide a sense of how many grant applications to expect.

26. Does CMS have any preference for who signs the Notice of Intent to Apply?

No. This is a matter for each applicant to decide.

27. Will you accept a faxed Notice of Intent to Apply?

Yes. Notices of Intent to Apply may be faxed to CMS at the following number: 410-786-9004, Attention: Sona Stepp.

28. Are the territories required to provide matching funds?

Yes. The territories must provide matching funds. As is the case for all other applicants, the match can also be in-kind or non-financial.

29. How do you define instrumentality of the state?

Whether a particular entity is a state instrumentality (i.e., has the authority to act on behalf of the state) is determined under state law, not Federal law. We suggest if you have questions concerning whether your organization or agency is an instrumentality of your state that you contact your State's Office of the Attorney General.

30. Is there a specified page limit for each type of grant? What about attachments and appendices?

As specified in the solicitation, Part V. Application and Submission Information, pages 50 and 51, the Systems Transformation Grants have a 60-page limit, while the Family-to-Family Health Care Information and Education Centers Grant have a 30-page limit.

Attachments and appendices, **other than those required**, will not be scored. Therefore, applicants should include only information they consider substantive, and that they want to be used by reviewers when scoring their application, in the body of their application and within the specified page limit. Please refer to page 54, Section 8 and 9 of the solicitation for information regarding attachments and appendices.

31. Will the deadline for applications be extended?

No. Unfortunately because of the time needed to process, review, and award grants, we will not be able to extend the application due date.

32. Where can I find the forms that comprise the application package?

You may obtain copies of these forms directly from http://www.grants.gov .

33. Can my entire proposal be submitted electronically?

Yes, except for the SF 424 form. CMS **strongly** recommends electronic submission of all applications through http://www.grants.gov. When submitting your application electronically, you are required, additionally, to mail a signed SF 424 to Nicole Nicholson, Centers for Medicare & Medicaid Services, Office of Operations Management, Acquisition and Grants Group, C2-21-15 Central Building, 7500 Security Boulevard, Baltimore, MD 21244-1850. The mailed SF 424 form may be received at the Centers for Medicare & Medicaid Services within two (2) days of the application closing date. We recommend that you visit Grants.gov at least 30 days prior to filing your application in order to fully understand the process and requirements for electronic submission. We encourage applicants to submit well before the closing date and time

so that if difficulties are encountered an applicant may submit a hard copy of the application overnight.

34. What are the responsibilities for the CMS national evaluator?

At time of release of the FY2005 Solicitation, CMS has simultaneously released a competitive Request for Proposals to acquire a national contractor to perform a summative evaluation of the FY2005 RCSC grants; provide technical assistance to the FY2005 RCSC grantees regarding establishment of outcome measures and processes to ensure sufficient data collection procedures are in place; and support CMS in the on-going monitoring of grants and in the review of grantees' strategic plans.

PART TWO: GRANT-SPECIFIC QUESTIONS

Systems Transformation Grants

35. What is the purpose of the Systems Transformation Grants?

The Systems Transformation grants represent a significant change from prior years' grants. These grants are designed to provide states with a greater level of support to begin, or further, current initiatives that target key elements of systems infrastructure that CMS believes are critical to successful systems transformation, and to coordinate and integrate these elements to create reform that is more comprehensive.

36. Can a state apply for more than one Systems Transformation Grant?

More than one Systems Transformation application can be submitted for a given state, but only the highest-ranking application will be considered for an award. However, given the integration and coordination expected for successful submission and completion of the grants, and the requirement to obtain a letter of support for systems transformation from the Governor, multiple submissions, from the same state, may not prove feasible. Given these submission parameters, and the intent of this grant category, state agencies may achieve better coordination and integration by combining efforts in the application process. However, states have flexibility in formulating their submission.

37. Who is eligible to apply for this grant?

Any state health and human services delivery agency (e.g., Medicaid Agency/single state, state Mental Heath Agency, state Mental Retardation and Developmental Disabilities Agency, state Department of Aging) or instrumentality of the state may apply for a Systems Transformation Grant, except in states that received a Comprehensive Systems grant in FY2004 (i.e., Wisconsin and Vermont).

38. Can the state housing agency be the lead applicant?

No. The state housing agency can be a partner in the grant, but it cannot submit the application to CMS as the lead agency.

39. Do states at different levels of "transformation" compete with each other?

No. Applications will be categorized and assigned to panels based upon the level of transformation selected. Therefore, applications will be reviewed with applications in the same transformation level and CMS intends to award grants across all three transformation levels. But, please keep in mind that the panelists will examine the appropriateness of the level of the transformations selected as part of the application review. Therefore, failure to select appropriately will effect the application's overall score and ability to compete in a ranking of applications.

40. Do Real Choice Systems Change Grants refer only to Medicaid systems?

Activities must focus on the Medicaid-eligible populations and the systems that support them, although the proposed systemic changes may impact individuals who are not Medicaid-eligible.

41. Do proposed changes to the long-term care system have to be available statewide?

"Statewideness" is not a requirement for activities under these grants. We hope that, given the anticipated size and duration of the awards, programs will be designed to have the maximum impact on the greatest number of consumers. We realize that in undertaking systems change, larger initiatives can grow from initially smaller scale endeavors.

42. Given that applicants cannot supplant grant funds with existing Federal monies, does that mean that we have to hire new staff to implement the project?

These funds are not intended to provide short-term relief or replacement for state budgets. They are intended to provide funds that can be the catalyst for achieving "enduring systems change." The grant monies may be used to fund existing staff so long as the staff are relieved of other responsibilities and allowed to devote their time and attention to the project. If an applicant should determine that it would require additional staff to implement the project, then the applicant would decide whether to hire new agency or contract staff.

43. Does any funding received, under this grant opportunity, contribute towards the overall Medicaid cap for The Commonwealth of the Northern Mariana Islands, Guam, the U. S. Virgin Islands, Puerto Rico, and American Samoa?

No. Grant funds are available regardless of the cap. Grant funding will <u>not</u> contribute towards the overall cap imposed on the territories.

44. **If a state completes more goals than the three-goal minimum, will the application automatically score higher**?

No. The scoring system is designed to measure the nature and scope of the change proposed in a given state. For example, applicants that propose comprehensive change across three goals could score just as well, if not better than, an applicant that proposes minimal activities across all six goals. To render all applications comparable, your final score will be determined by dividing your actual score for a given application by your maximum possible score. Hence, the scoring system is designed so that the denominator increases as the number of goals addressed increases. Please refer to page 61 for an explanation of the scoring system.

45. Are the letters of support a requirement or optional?

A letter of support from the State Governor is required. If the applicant is not the single state Medicaid Agency, a letter of support from the State Medicaid Director must be included. Additional letters of endorsement from the major partners that are not the lead agency are encouraged, such as from the agency administering a relevant §1915(c) home and community-based waiver, the State Mental Health Director or the State Mental Retardation and Developmental Disabilities Director.

Failure to include the required letters of support will result in an incomplete application, which will be found non-responsive to our solicitation and therefore not eligible for review and award.

46. What is required in the letter of support from the Governor?

The letter from the Governor should provide a commitment to support the purpose, goals, and required infrastructure changes presented in the state's proposal. Specifically, it is encouraged to have the Governor recognize the roles of the agencies involved in the Systems Transformation Grant.

47. Is there a limit to the amount of documentation that can be included in the appendices?

There is no numeric page limit to the amount of documentation in the appendices. An applicant should only include key information to clearly answer the question. Unnecessary or extraneous information may inhibit the reviewers from obtaining a clear and concise understanding of your response. More is not necessarily better. It is important for all the information included in the appendices to clearly reference the question it is answering. Indexing and tabbing are acceptable methods of organizing information. Attachment of lengthy reports is not advised; rather cite the report (title, author(s) and publishing date) and provide a brief annotation.

48. Why is the documentation associated with the system assessment section required?

This documentation will help the reviewers determine if the applicant has selected the correct level of transformation (i.e., preliminary, mid-range and advanced) and will be used as baseline information to determine the progress of the grant. This information will used by grant reviewers during the applicant review process, by CMS project officers, and by CMS for activities such as the national evaluation.

49. Why did CMS choose the issues addressed by the six goals?

The selected topics for the six goals (i.e., access, self-direction, quality monitoring, information technology**,** payment and financing, and affordable housing) were derived based on feedback attained from current grantees, consumers, and other stakeholders. Prior to developing the 2005 Real Choice Systems Change solicitation, CMS staff interviewed state agency staff, Federal Agency staff, consumer and advocacy organizations, consultants, and the CMS technical assistance providers to ascertain the issues that were most pressing for advancement.

50. Why did CMS decide not to fund a national technical assistance contractor?

Given the structure of the ST grants, CMS believes states are in the best position to determine what type, and from whom, they need technical assistance, particularly in regard to designing and implementing comprehensive state-specific reform. However, there is one area of exception to this statement. The CMS national evaluator for the 2005 grants is required to provide technical assistance for several critical grant activities, which include the development of a strategic plan and outcome indicators.

No. The applicant, at a minimum, should identify if there will be a need for hiring professionals to provide technical assistance, and what types of technical assistance are anticipated.

51. What are the responsibilities for the state evaluator?

The grantee will be expected to submit a comprehensive evaluation plan as part of the Strategic Plan. The *Evaluation Plan must include such items such as*:

a. Outcome measures that identify (a) specific areas you will focus on to measure the successful achievement of goals and objectives and (b) how data and information will be collected to support these measures.
b. Description of your formative learning process and procedures for documentation.
c. Whether the grantee will contract with an evaluator to assist with the evaluation plan development and implementation. If an evaluator's services are being purchased, specify what tasks the evaluator will perform and include the evaluator's costs in the grant budget.
d. Identification of baseline data, how it will relate to the goals selected, and how it will be collected
e. Explanation of how input from consumers, stakeholders, and the advisory board will be used to guide the evaluation.

At the discretion of the grantee, additional grant resources can be devoted to acquire the grantee's own evaluation consultant, to provide services that support grant-specific evaluation activities, to assist in the establishment of a formative learning process and documentation system, or to serve as the interface between the grantee and the CMS national evaluation contractor. The grantee and their evaluation contractor (if the grantee chooses to engage one) will be required to cooperate fully with CMS and the national evaluation contractor.

52. Do the Federal requirements for safeguarding the health and welfare of program participants apply in self-directed programs waiver or demonstration programs?

Yes. Under either the agency-delivered service model or the self-directed service model, states must assure the participants' health and welfare. However, the process by which states meet these requirements may differ. Consequently, CMS will expect to see a full discussion in states' waiver or demonstration applications of how the state plans to provide necessary supports and services that will afford sufficient safeguards to participants and/or their families. These supports and services would typically include information about system procedures and processes, individual rights and resources; assistance in managing employer-related responsibilities and individual budgets (if that is selected), and finding and accessing appropriate community supports and services, to name a few. CMS will also expect to see a full discussion in the waiver or demonstration application about how the state will design and implement a Quality Management system and the process by which the state will conduct individual and system back-up planning in the event that a service or support, if not provided, would jeopardize the participant's health or welfare.

53. How does CMS define "Quality Management?"

Quality Management is a critical operational feature that an organization employs to continually determine whether it operates in accordance with the approved design of its program, meets statutory and regulatory assurances and requirements, achieves desired outcomes, and identifies opportunities for improvement. A Quality Management Strategy is explicit about the processes of discovery, remediation, and improvement; the frequency of those processes; the source and types of information gathered, analyzed, and utilized to measure performance; and key roles and responsibilities for managing quality.

As a state's Quality Management Strategy may vary depending on the nature of the waiver target population, the services offered, and the waiver's relationship to other public programs, and will go beyond regulatory requirements. It may be more efficient and effective for a Quality Management Strategy to span multiple waivers/programs and other long-term care services. Quality management is dynamic activity and the Quality Management Strategy may, and probably will, change over time.

54. What is the purpose of the Comprehensive Quality Management Goal?

The purpose of the Quality Management Goal is to help states develop a comprehensive Quality Management Strategy that will enable the state to measure its own performance in meeting statutory and regulatory requirements and meeting the needs of consumers, to measure consumer satisfaction and determine whether the program is achieving the intended outcomes, and to engage stakeholders in the process of improving services.

The grant is intended to assist states in developing valid and reliable discovery mechanisms; collecting data; learning to analyze data and turn it into actionable information; prioritizing areas for improvement; developing strategies to remedy problems and improve services; and develop reports that are useful to relevant constituencies.

55. How can consumers and other stakeholders be involved in furthering the Quality Management goal?

Consumers and other stakeholders should have active involvement in the Quality Management Strategy design, implementation, and evaluation. Opportunities involvement might include membership in the project's advisory board, as a project staff person, and /or as members of the state quality management committee and subcommittees.

56. Are there specific requirements for developing/expanding a Quality Assurance/Quality Improvement system under this Systems Transformation goal?

Yes. Applicants must use the *HCBS Quality Framework* in the design of its Quality Management Strategy. Applicants are also encouraged to reference the Draft 1915 C Waiver Application and advised to use as resources the CMS Quality Tools including, *The HCBS Workbook*, The *Participant Experience Survey (PES); Risk Management and Quality in HCBS: Individual Risk Planning and Prevention, System-Wide Quality Improvement; and other materials as they become available.*

57. How can I obtain a copy of the HCBS Quality Framework and other Quality Tools?

A copy of the HCBS Quality Framework and Quality Tools are available at *http://www.cms.hhs.gov/medicaid/waivers/quality.asp. Other resources are available on the Clearinghouse for the Community Living Exchange Collaborative at http://www.hcbs.org.*

58. What is the HCBS Quality Framework?

The HCBS Quality Framework consists of seven focus areas that merit attention in HCBS programs and emphasizes that ongoing activities in Quality Improvement i.e. design, discovery, remediation, and improvement. The seven focus areas are participant access, participant-centered planning and service delivery, provider capacity and capabilities, participant safeguards, participant rights and responsibilities, participant outcomes and satisfaction, and system performance.

59. Must a state address all HCBS Quality Framework focus areas in the goal?

Yes. The purpose of the goal is to assist the state in the development of a comprehensive quality management strategy. While it takes time to develop a Quality Management Strategy and it may evolve over time, it is expected that the applicant will address all focus areas with stated outcomes and indicators within a reasonable time period.

60. Can any of the Systems Transformation Grant funds be used to pay for housing costs?

No. The grant funds can be used to assist with **accessing** affordable housing for individuals with disabilities, but cannot be used to pay for the rent or mortgage. Mechanisms in the grant that

assist with accessing affordable housing include the development of housing registries, the use of "Housing Support Coordinators," and the payment for transitional costs from an institutional facility (e.g. security deposit, moving costs).

Family-to-Family Health Care Information and Education Centers Grant Opportunity

61. What is a Family-to-Family Health Care Information and Education Center?

Family-to-Family Information and Education Centers (Family-to-Family) provide access to information and assistance for families with children with special health care needs (often at a community level). Specifically, Information and Education Centers (a) provide education and training opportunities for families with children with special health care needs, (b) develop and disseminate needed health care and HCBS information to families and providers, (c) collaborate with existing Family-to-Family Health Care Information and Education Centers to benefit children with special health care needs, and (d) promote the philosophy of individual and family-directed **supports**.

62. What is the purpose of this grant opportunity?

The purpose of the Family-to-Family grant opportunity is to provide assistance to families with children with special health care needs. Currently, health and long-term care systems are often complex and fragmented. Figuring out how to obtain services is difficult both for families who qualify for publicly funded supports and for those who can pay privately. Information and education centers can address these problems by making available information and education to families on how best to meet their health and long-term care needs, often through peer to peer supports.

63. How do the Family-to-Family Information and Education Centers Grants fit into the President's New Freedom Initiative?

The President's *New Freedom Initiative* includes directives to promote independence, responsibility, and consumer-driven services. Central to achieving these goals is the creation of an informed consumer. Information and Education Centers will inform and educate families ensuring maximum consumer involvement and independence.

64. Is this grant opportunity affiliated with the Health Resources and Services Administration (HSRA) program with the same name?

The two efforts are closely coordinated between CMS and HRSA. The CMS Family-to-Family Health Care Information and Education Centers Grants are separately funded from the HRSA projects. However, HRSA and CMS have been working collaboratively on these projects and are working to develop relationships among all Family-to-Family grantees.

65. Can an organization in a state that has received either a HRSA or a CMS Family-to-Family grant apply?

No. Non-profit organizations in states that have already received a Family-to-Family grant from HRSA or CMS cannot apply for a CMS Family-to-Family grant in 2004. Thus, California, Florida, Iowa, Maine, Minnesota, Tennessee, and Vermont will not be eligible to apply for the CMS Family-to-Family grant because non-profit organizations in these states have previously been awarded a HRSA Family-to-Family grant. In addition, non-profit organizations in Alaska, Arizona, Colorado, Indiana, Kentucky, Louisiana, Maryland, Massachusetts, Montana, Nevada, New Jersey, New Mexico, New York, North Carolina, North Dakota, South Dakota, Utah, West Virginia, and Wisconsin are not eligible to apply for a Family-to-Family grant because non-profit organizations in those states received these grants from CMS in 2003 or 2004.

Our intention is to allow states that have not previously had the opportunity to develop a family-to-family network through a federal grant program be given the opportunity to do so. We are viewing the arena as the state, rather than individual organizations.

66. What is the difference between the Family-to-Family Health Care Information and Education Centers and the Aging and Disability Resource Centers (ADRC) grants?

The Family-To-Family Health Care Information and Education Centers are organizations that use the power of families educating other families, while Aging and Disability Resource Centers are government financed efforts to streamline access to services and empower individuals to make informed choices. The Family-To-Family initiative is a vehicle to harvest a family's knowledge and make it available to others in a readily accessible way. Family Voices groups pioneered this approach and have developed web sites and educational programs for families to help other families, but this approach is not designed as an authoritative way of accessing the system (for example, it doesn't determine eligibility for public programs). Additionally, the Family-to-Family grants focus on one particular group (children with special health care needs), whereas the Aging and Disability Resource Centers are designed with a much more broad focus.

The Aging and Disability Resource Centers have a very broad focus in which information and assistance on long-term support is offered, and they have pathways for determining Medicaid eligibility. The ADRC grant program assists states to restructure how individuals access services so that they can receive needed services in a more timely fashion and can make better decisions about the supports they receive.

Having both a Family-to-Family Health Care Information and Education Center that serves children with special health care needs and an Aging and Disability Resource Center in the same area can benefit both groups of beneficiaries. By streamlining access and making information easily available, an ADRC can allow a Family-to-Family program to spend less time assisting families to navigate eligibility mazes and more time coping with the needs of their children. By providing families with information and peer support, Family-to-Family programs can help ADRCs ensure that these individuals can make informed choices.

67. What is the anticipated award range for the Family-to-Family Health Care Information and Education Centers?

The maximum that the grantee can receive is $165,000 for the entire 3-year period. This amount is not per year, but represents the total over the 3-year period. This amount can be used in one year or divided over a budget period of up to 3 years as determined by the Grantee. The proposed project length should be reflected in the budget. Submitting a budget for more than $165,000 in your application without clearly explaining the source of additional funds may result in lower scores on the application.

68. Is there a target population?

Yes. The Family-to-Family Health Care Information and Education grant program is designed to target families with children with special health care needs.

69. Would a disease-specific nonprofit organization be eligible for a grant if the money is used for a technology prototype or demonstration project that would be expandable or applicable to other diseases and conditions?

A disease specific nonprofit organization would be eligible for the grant; however, an application that focused on a small subpopulation would likely be scored lower in the area of significance than proposals that target a wider audience. A project that would be applicable to other diseases and conditions would increase the score of the project.

A competitive application is one that would be able to show how the project is relevant and useable for a broader array of families who have children with special health care needs. We want to provide families with tools, supports, and information on how to access and engage with major forms of support. In general, the broader the breadth of the proposal, the more competitive that application would be, however, a more narrowly focused proposal with great significance would also be competitive.

70. Should each state submit only one application or could the State Medicaid director endorse two or three applications from their state?

Although several non-profit organizations within a state may apply, only one grant will be awarded per state. Each application must include a letter of endorsement from the State Medicaid Director. We encourage multiple organizations to collaboratively submit one application. This would strengthen the application and thus increase the change of being selected, while eliminating competition among organizations within a state.

71. Can the grantee expend grant funds to purchase technical assistance?

Yes. Up to 10 percent of awarded grant funds may be used by a 2005 grantee for technical assistance. Grantees in 2005 have been given this flexibility, since there is no CMS-funded national technical assistance contract. This will allow the grantee maximum efficiency in

targeting funds to individual TA needs. Any TA needs the grantee recognizes at the time of application should be reflected in the proposed budget and described in the budget narrative. However, the grantee is not compelled to use any funds for technical assistance.